



FLANDERNBUNKER / KILIAN MEMORIAL

Mahnmal Kilian e.V.
Kiellinie 249 · D-24106 Kiel

MEMBERSHIP APPLICATION FORM

I support the aims of „Mahnmal Kilian e.V.“ and herewith apply for ordinary membership.

.....
Surname, First name (Please use printed letters)

.....
Year of Birth

.....
City/Suburb and Post Code

.....
Email

.....
Phone

.....
Signature

I WOULD LIKE TO PAY

- | | | | |
|--------------------------|--|-----------|-------------|
| <input type="checkbox"/> | Annual Sponsorship Contribution | EUR | |
| <input type="checkbox"/> | Annual Membership Fee | EUR | 20,- |
| <input type="checkbox"/> | Annual Discounted Membership Fee
(low income applicant) | EUR | 12,- |

My personal details may only be used for purposes related to work of Verein Mahnmal Kilian e.V.. They may not be passed on to third parties.



BANK DETAILS

SEPA Direct Debit Identification of Payee:

DE97Z7-Z00000460137

I authorize Mahnmal Kilian e.V. to deduct payments directly from my account and I authorize my financial institution to debit my account accordingly.

Note: I am entitled to be reimbursed for the debited amount within 8 weeks from the debit date.

Terms and conditions apply, as agreed with my financial institution.
Payment terms: recurring payment.

.....
First Name and Surname of Account Holder

.....
Financial Institution, BIC (if applicable)

.....
Account Number and Bank Code
(our programme determines the IBAN)

D E | | | | |

.....
IBAN

.....
Place, Date

.....
Signature

Mahnmal Kilian e.V.

Fördesparkasse Kiel

BIC: NOLADE 21 KIE

IBAN DE 33 2105 0170 0022 0036 28

BLZ 210 501 70

Kto.-Nr. 22 003 628

www.mahnmal Kilian.de